

Date: October 29, 2002

To: Medicare +Choice Organizations  
Section 1876 Cost-based contractors  
Health Care Prepayment Plans  
Evercare, PPO, and SHMO Demonstrations

From: Director  
Health Plan Benefits Group

Subject: Three Updates to the 2003 Model Evidence Benefits Chart

In Bob Donnelly's October 16, 2002 memorandum, CMS clarifies a policy regarding drugs furnished incident to a physician's service as it relates to Medicare managed care. As a result, this memorandum provides you with the language you may include in your 2003 Evidence of Coverage (EOC) to reflect this policy. In addition, we are providing two additional changes for the Benefits Chart in the model EOC.

The changes are as follows:

1. The 2003 Model EOC contains a list of drug coverage in Section 4. The "Benefits Chart" includes "Drugs that are covered under Original Medicare," including the first bullet which reads as follows:

- Drugs that usually are not self-administered by the patient.

Based on the October 16 memorandum, the bullet should now read as follows:

- Drugs that usually are not self-administered by the patient and are injected during a physician office visit. *[Insert the next sentence if applicable:] [Name of M+C plan] also covers some drugs that are "usually not self-administered" even if you inject them at home.*
2. The "Dental Services" section of the Benefits Chart implies that the one bullet included under the category is optional. However, this bullet describes Original Medicare coverage and therefore is not optional. Thus, the category is revised to read as follows:

### **Dental services**

- Limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor.

*Also list any additional benefits offered.*

3. The “Ambulance Services” section of the Benefits Chart is not wrong; however, it does not completely reflect the regulatory language that we believe would be used by the Center for Health Disputes Resolution in its decisions. Thus, the category is revised to read as follows:

**Ambulance services**

- Includes ambulance services dispatched through 911, only if transportation in any other vehicle could endanger your health.

The 2003 Model Evidence of Coverage on the CMS web site will be updated to reflect these changes. The Model EOC can be found at <http://cms.hhs.gov/healthplans/marketing/>.

Questions about the Evidence of Coverage may be directed to your Regional Office contact or Marketing Review Specialist.